## Washington Metropolitan Area Transit Commission

2015 Carrier Annual Report Form

1. CARRIER INFORMATION:    1877	Read the accompanying	instructions carefully bef	ore completin	ng this form.	DEC!	1 0 2015
**NMATC No. *Name of Carrier (as shown on certificate of authority)  34 35 Gades head Mark Way 20 4 Silver Spring Month 20 9999  *Street Address of Principal Place of Business Apt/Suite City State Zip  Mailing Address (if different from street address)  Apt/Suite City State Zip  ### Apt/Suite City State Zip  #### Apt/Suite City State Zip  #### Apt/Suite City State Zip  #### Apt/Suite City State Zip  ###################################	1. CARRIER INFORM	ATION:				
**Tolephone Other Telephone Fax Bernall Pace of Maryland PSC No.  **Street Address of Principal Place of Business Apt./Suite City State Zip  **June 13 - 7293 Apt./Suite City State Zip  **Telephone Other Telephone Fax E-mail  **Tolephone Other Telephone Fax Bernall Decrease Apt./Suite City State Zip  **Tolephone Other Telephone Fax E-mail  **Tolephone Other Telephone Fax E-mail  **Title Decrease Apt./Suite City State Zip  **Tolephone Other Telephone Fax E-mail  **Title Decrease Apt./Suite City State Zip  **Tolephone Other Telephone Fax E-mail  **Title Decrease Apt./Suite City State Zip  **Tolephone Other Telephone Fax E-mail  **Title Decrease Apt./Suite City State Zip  **Tolephone Other Telephone Fax E-mail  **Title Decrease Apt./Suite City State Zip  **Tolephone Other Telephone Fax E-mail  **Title Decrease Apt./Suite City State Zip  **Tolephone Other Telephone Fax E-mail  **Tolephone Other Telephone Fax E-mail  **Tolephone Service Of Process Telephone E-mail  **Tolephone E-mail  **Tolephone E-mail  **Tolephone E-mail  **Tolephone E-mail	1877   R=	ENDEY 11				
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Mailing Address (if different from street address)  Apt/Sulte City  State  Zip  140-413-7293  *Telephone  Other Telephone  Fax  E-mail  Co M  *Telephone  Other Telephone  Fax  E-mail  Co M  *Telephone  Co M  *Telephone  Co M  *Telephone  Co M  *Telephone  Co M  *Title  Co M  *Title	- · · ·	Δ		SILVER S	PRING- ME	1 20904
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2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):  USDOT No.  DCTC No.  Virginia DMV passenger carrier No.  Maryland PSC No.  3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):  The ADEABEMED  Title  Title  Title  Title  ATHORITY (if applicable, list carrier/permit number):  Bendeying a grand. Com  *Name  Title  Title  Telephone  Other Telephone  The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.	Mailing Address (if different fro	om street address)	Apt./Suite (	City	State	Zip
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USDOT No.  DCTC No.  Virginia DMV passenger carrier No.  Maryland PSC No.  3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):  Predict  *Title  240-443-2293  *Telephone  Other Telephone  Fax  E-mall  4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS  *Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see <a href="https://www.wmatc.gov">www.wmatc.gov</a> .  Name of Registered Agent for Service of Process  Telephone  E-mail		Other Telephone	Fax		· Cenjana	<del>- )</del> .
3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):    BEN   ADEGREMBO   Process   Process   Process						
*Telephone Other Telephone Fax E-mail  4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS *Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see <a href="https://www.wmatc.gov">www.wmatc.gov</a> .  Name of Registered Agent for Service of Process  Telephone  E-mail	0 1		,	` .	rect inquiries):	
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Name of Registered Agent for Service of Process Telephone E-mail	4. REGISTERED AGE *Complete section 4 The Metropolitan D	ENT INSIDE THE ME only if the principal place bistrict includes the Dis	TROPOLITA ce of busines strict of Colu	N DISTRICT Is in section 1 is imbia, Prince C	outside the Metro George's Co., Mo	opolitan District. ontgomery Co.,
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	Name of Registered Agent for	Service of Process	Telephone	E-mail		
Agent Address (must be Inside Metropolitan District)  Apt./Suite City  State Zip					1	
	Agent Address (must be inside	de Metropolitan District)	Apt./Suite C	City	State	Zip

for afte	m of orga er the ca	anization that	y merger, consolidation or other choccurred after the previous year's e of authority was issued. If no chase occurred.	annual report	was filed,	or if not a	applicable,
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atta	ich a con	nplete vehicle l	HICLES USED IN WMATC OPER ist to both pages of this form. If you all required information.	ATIONS: (1) I	ist your ve an 10 vehic	ehicles be cles in you	elow <b>or</b> (2) Ir fleet, you
Fleet No.	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
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T <b>itie</b> (not re	equired for s	sole proprietors)	*Date	• <b>'</b>			

Carrier Name: BENDEY LLC
Case Number: 1877

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Washington Metropolitan
Area Transit Commission

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